

CJA 23 Rev. 5/98	FINANCIAL AFFIDAVIT	
IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE		
IN THE CASE OF	IN UNITED STATES <input type="checkbox"/> MAGISTRATE <input type="checkbox"/> DISTRICT <input type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below)	LOCATION NUMBER
United States Joseph De Michael	FOR Northern Dist of ID. AT Eastern Div.	
PERSON REPRESENTED (Show your full name)  Joseph De Michael	CHARGE/OFFENSE (describe if applicable & check box →) 18 USC 1341 - mail fraud	DOCKET NUMBERS Magistrate District Court 08CR438-4 Court of Appeals
AUGUST 21, 2008 AUG 21 2008 MICHAEL W. DOBBINS CLERK, U.S. DISTRICT COURT		
ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY		

ASSETS	EMPLOYMENT	Are you now employed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Am Self-Employed Name and address of employer: Tutorius Pizza 7543 Montrose Ave. IF YES, how much do you earn per month? \$ 600.00 IF NO, give month and year of last employment _____ How much did you earn per month? \$ _____							
	OTHER INCOME	If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____							
	CASH	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES RECEIVED \$ _____ SOURCES _____							
	PROPERTY	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ _____ Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, GIVE THE VALUE AND \$ DESCRIBE IT <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">VALUE</th> <th style="width: 50%; text-align: center;">DESCRIPTION</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	VALUE	DESCRIPTION					
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OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS _____ SINGLE _____ MARRIED _____ WIDOWED <input checked="" type="checkbox"/> SEPARATED OR DIVORCED Total No. of Dependents _____ List persons you actually support and your relationship to them _____ _____ _____														
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%; text-align: center;">CREDITORS</th> <th style="width: 20%; text-align: center;">Total Debt</th> <th style="width: 40%; text-align: center;">Monthly Paymt.</th> </tr> </thead> <tbody> <tr> <td>Cell phone</td> <td>\$ _____</td> <td>\$ 55.00</td> </tr> <tr> <td> </td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td> </td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td> </td> <td>\$ _____</td> <td>\$ _____</td> </tr> </tbody> </table>	CREDITORS	Total Debt	Monthly Paymt.	Cell phone	\$ _____	\$ 55.00		\$ _____	\$ _____		\$ _____	\$ _____		\$ _____
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I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

08/21/2008

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)

Joseph De Michael